

## **Section F**

### **Trading Partner Profile**

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## Who Should Complete the Trading Partner Profile?

A separate Trading Partner Profile form should be completed for each Sender ID that will be used in EDI transmissions sent to WCIS. The Sender ID, which is composed of the trading partner's "Master FEIN" and physical address postal code (see profile form instructions), must be reported in the header record of every transmission. The Sender ID is used by WCIS to identify communication parameters as specified on the Trading Partner Profile form.

For many organizations, the claim administrator FEIN (Federal Employer Identification Number) provided on each transaction will always be the same as the Sender ID's Master FEIN. For EDI transactions, WCIS substitutes the Third Party Administrator FEIN (DN8) for the claim administrator FEIN. If there is no Third Party Administrator, WCIS substitutes the Insurer FEIN (DN6) for the claims administrator FEIN. Other organizations may have multiple claim administrator FEINs for their various operating units. If the transactions for these various claim administrator FEINs will all share the same transmission specifications, their data can be sent under the same Sender ID and be represented by a single Trading Partner Profile form.

For example, the information systems department of a single parent organization might wish to send transactions for two subsidiaries batched together within transmissions. In such a case, the parent organization could complete one Trading Partner Profile--providing the Master FEIN for the parent company in the Sender ID--and could then transmit transactions from both subsidiaries, identified by the appropriate claim administrator FEIN on each transaction.

The WCIS uses the claim administrator FEIN to process individual transactions. Transactions for unknown claim administrators will be rejected by WCIS. For this reason, it is vital for each WCIS Trading Partner Profile to be accompanied by a list of all claim administrator FEINs whose data will be reported under a given Sender ID. Since the profile form does not have any place to provide this list, DWC asks that it be submitted on a separate sheet of paper. If such a list is not provided, WCIS will assume that the only claim administrator FEIN reportable by that trading partner will be the Master FEIN from the trading partner's Sender ID.



**State of California  
Department of Industrial Relations**

**DIVISION OF WORKERS' COMPENSATION**

**ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE**

**A. Trading Partner Background Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Master FEIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code (Zip+4): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Claims Administrator type (check any that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Self Administered Insurer                  | <input type="checkbox"/> Service Bureau |
| <input type="checkbox"/> Self Administered, Self-Insurer (employer) | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Third Party Administrator of insurer       |   |
| <input type="checkbox"/> Third Party Administrator of self-insurer  |   |

**B. Trading Partner Contact Information:**

Business Contact:

Technical Contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**C. Trading Partner Transmission Specifications:**

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

Select Transmission Mode to be used for sending data to DWC (check one):

☐ Value Added Network (VAN)--Complete sections C1 and C2 below.

☐ Internet File Transfer (e-mail and FTP)--Complete sections C1 and C3 below.

Section C1: VAN and INTERNET FILE TRANSFER users, please complete the following:

TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	Mode of Transmission (circle one per row):		Expected Transmission Days of Week (circle any that apply):	Production Response Period
	Flat File Release #	ANSI X12 Version #		
First Reports of Injury			Daily   Mon   Tues Weds   Thurs   Fri Sat   Sun	
Subsequent Reports of Injury			Daily   Mon   Tues Weds   Thurs   Fri Sat   Sun	

Section C2: VAN users, please complete the following:

VAN ELECTRONIC MAILBOX FOR THIS PROFILE:

Network: \_\_\_\_\_

	TEST	PRODUCTION
Mailbox Acct ID		
User ID		

Section C3: INTERNET FILE TRANSFER (e-mail and FTP) users, please complete the following:

User Name (mandatory for FTP): \_\_\_\_\_

Password (mandatory for FTP): \_\_\_\_\_

URL or IP address(mandatory for FTP):  
\_\_\_\_\_

E-mail Address (mandatory for e-mail, optional for FTP):  
\_\_\_\_\_

DWC USE ONLY--SPECIAL TRANSMISSION SPECIFICATIONS FOR THIS PROFILE:

**D. Receiver Information (to be completed by DWC):**Name: California Division of Workers' CompensationFEIN: 943160882Physical Address: 455 Golden Gate Avenue, 9<sup>th</sup> FloorCity: San Francisco State: CA Zip Code: 94102 3677Mailing Address: P.O. Box 420603City: San Francisco State: CA Zip Code: 94142 0603**Business Contact:**Name: (Varies by trading partner)Title: (Varies by trading partner)Phone: (415) 703-4600FAX: (415) 703-4718E-mail Address: wcis@dir.ca.gov**Technical Contact:**Name: (Varies by trading partner)Title: (Varies by trading partner)Phone: (415) 703-4600FAX: (415) 703-4718E-mail Address: wcis@dir.ca.gov**RECEIVER'S VAN ELECTRONIC MAILBOX(s):**Network: A.T. & T.

	TEST	PROD
Mailbox Acct ID	<u>(N/A)</u>	<u>(N/A)</u>
User ID	<u>(N/A)</u>	<u>(N/A)</u>

Network: IBM Global (Advantis)

	TEST	PROD
Mailbox Acct ID	<u>DIRW</u>	<u>DIRW</u>
User ID	<u>DIRWCIS</u>	<u>DIRWCIS</u>

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A VIRTUAL PRIVATE NETWORK (VPN): (Please contact DWC for this information)**RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT:**TEST: wcisdata@dir.ca.govPRODUCTION: wcisdata@dir.ca.govRECEIVER'S FLAT FILE RECORD DELIMITER: CR**RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:**Segment Terminator: ~Data Elements Separator: \*Sub-Element Separator: >

ISA Information:

Sender/Receiver Qualifier: TEST PRODSender/Receiver ID: ZZ ZZ  
(Use Master FEINs)

## WORKERS' COMPENSATION INFORMATION SYSTEM

Electronic Data Interchange Trading Partner Profile**INSTRUCTIONS FOR COMPLETING  
TRADING PARTNER PROFILE**

Each claims administrator will complete parts A, B and C, providing information as it pertains to them. Part D contains receiver information, and will be completed by the Division of Workers' Compensation (DWC).

**A. TRADING PARTNER BACKGROUND INFORMATION:**

**NAME:** The name of your business entity corresponding with the Master FEIN.

**Master FEIN:** The Federal Employer's Identification Number of your business entity. This FEIN, along with the 9-position zip code (Zip+4) in the trading partner address field, will be used to identify a unique trading partner.

**Physical Address:** The street address of the physical location of your business entity. It will represent where materials may be received regarding "this" trading partner agreement if using a delivery service other than the U.S. Postal Service.

**City:** The city of the physical address of your business entity.

**State:** The 2-character standard state abbreviation of the state of the physical address of your business entity.

**Zip Code:** The 9-position zip code of the physical address of your business entity. This field, along with the Trading Partner FEIN, will be used to uniquely identify a trading partner.

**Mailing Address:** The mailing address used to receive deliveries via the U. S. Postal Service for your business entity. This should be the mailing address that would be used to receive materials pertaining to "this" trading partner agreement. If this address is the same as the physical address, indicate "Same as above".

Claims Administrator Type: Indicate any functions that describe the claims administrator. If "other", please specify.

**B. TRADING PARTNER CONTACT INFORMATION:**

This section provides the ability to identify individuals within your business entity who can be used as contacts. Room has been provided for two contacts: business and technical.

The BUSINESS CONTACT should be the individual most familiar with the overall extract and transmission process within your business entity. He/she may be the project manager, business systems analyst, etc. This individual should be able to track down the answers to any issues that may arise from your trading partner that the technical contact cannot address.

The TECHNICAL CONTACT is the individual that should be contacted if issues regarding the actual transmission process arise. This individual may be a telecommunications specialist, computer operator, etc.

BUSINESS/TECHNICAL CONTACT: Name The name of the contact.

BUSINESS/TECHNICAL CONTACT: Title The title of the contact or the role that contact performs.

BUSINESS/TECHNICAL CONTACT: Phone The telephone number at which that contact can be reached.

BUSINESS/TECHNICAL CONTACT: FAX If FAX facilities are available, the telephone number of the FAX machine to use for the contact.

BUSINESS/TECHNICAL CONTACT: E-mail If the contact can be reached via electronic mail, an e-mail address that may be used to send messages to this contact should be provided in this section.



**C. TRANSMISSION SPECIFICATIONS:**

This section is used to communicate all allowable options for EDI transmissions between the trading partner and DWC.

One profile should be completed for each set of transactions with common transmission requirements. For example, if a trading partner is currently sending production transmissions to DWC via a VAN, but would like to enter test status for sending via internet file transfer, a second profile can be completed for the internet option. Although one profile will satisfy most needs, it should be noted that if transmission parameters vary by transaction set IDs, a trading partner could specify those differences by providing more than one profile.

PROFILE ID: A number assigned to uniquely identify a given profile.

PROFILE ID DESCRIPTION: A free-form field used to uniquely identify a given profile between trading partners. This field becomes critical when more than one profile exists between a given pair of trading partners. It is used for reference purposes.

TRANSMISSION MODE: The claims administrator must select one of the following transmission modes through which the WCIS can accept transactions: EDI transactions sent through a value added network (VAN), or EDI transactions sent as internet file transfers (e-mail and FTP). Those selecting the VAN option should complete sections C1 and C2 below. Those selecting the INTERNET FILE TRANSFER option should complete sections C1 and C3 below.

**SECTION C1: VAN and INTERNET FILE TRANSFER PROVIDERS ONLY:****TRANSACTION SETS FOR THIS PROFILE:**

This section identifies all the transaction sets/report types described within the profile along with any options that DWC provides to the claims administrator for each transaction set.

TRANSACTION TYPE: Indicates the types of EDI transmissions accepted by DWC.

MODE OF TRANSMISSION: DWC will specify below any FLAT FILE RELEASE #(s) and ANSI X12 VERSION #(s) which can be accepted for a given transaction set by DWC. The claim administrator should select ONE mode of transmission (flat file release # or ANSI X12 version #) from the alternatives specified. NOTE: WCIS will transmit acknowledgements

using the acknowledgement format that corresponds to the format of the original transaction.

**EXPECTED TRANSMISSION DAYS OF WEEK:** Indicate expected transmission timing for each transaction type by circling the applicable day or days. Transmission days of week information will help DWC to forecast WCIS usage during the week. Note that DWC reserves the right to impose restrictions on a trading partner's transmission timing in order to control system utilization.

**PRODUCTION RESPONSE PERIOD:** DWC will indicate here the maximum period of elapsed time within which a sending trading partner may expect to receive an acknowledgment for a given transaction type.

**SECTION C2: VAN PROVIDERS ONLY:**

**ELECTRONIC MAILBOX FOR THIS PROFILE:** If a Value Added Network (VAN) will be used to exchange data, the claims administrator will specify the electronic mailbox to which data can be transmitted. Separate mailbox information may be provided for transmitting production versus test data.

**NETWORK:** The name of the value added network service on which the mailbox can be accessed.

**NETWORK MAILBOX ACCT ID:** The name of the claims administrator's mailbox on the specified VAN.

**NETWORK: USER ID:** This is the identifier of the claims administrator's entity to the VAN.

**SECTION C3: INTERNET FILE TRANSFER PROVIDERS ONLY:**

EDI files may be transferred between a claims administrator and DWC by means to be negotiated between the two parties. Transmission mechanisms include File Transfer Protocol (FTP) and internet e-mail attachments. The following pieces of information will be used to facilitate such file transfers.

**USER NAME:** Specify a user name, which could be used to identify this authorized claim administrator for access to WCIS server. User names should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

**PASSWORD:** Specify a password, which will be used by the WCIS in combination with the user name to prevent data file submission by unauthorized parties. Passwords should be at least 8 characters in length, and may contain letters or numbers (but no spaces or other symbols). If you do not provide a username and/or password, they will be generated by DWC and sent to you.

**NETWORK IP ADDRESS:** Claims administrators with internet-connected networks must provide the Internet Protocol (IP) address here or the Uniform Resource Locator (URL) address. This address will be used for establishing File Transfer Protocol (FTP) connections between the claims administrator and DWC.

**E-MAIL ADDRESS:** The e-mail address of the claims administrator through which WCIS data would be exchanged with DWC using internet e-mail attachments (which may also be used to send acknowledgements for EDI transactions sent via File Transfer Protocol (FTP)).

**D. RECEIVER INFORMATION (to be completed by DWC):**

This section contains DWC's trading partner information.

**Name:** The business name of California Division of Workers' Compensation (DWC).

**FEIN:** The Federal Employer's Identification Number of DWC. This FEIN, combined with the 9-position zip code (Zip+4), uniquely identifies DWC as a trading partner.

**Physical Address:** The street address of DWC. The 9-position zip code of this street address, combined with the FEIN, uniquely identifies DWC as a trading partner.

**Mailing Address:** The address DWC uses to receive deliveries via the U.S. Postal Service.

**Contact Information:** This section identifies individuals at DWC who can be contacted with issues pertaining to this trading partner. The **TECHNICAL CONTACT** is the individual that should be contacted for issues regarding the actual transmission process. The **BUSINESS CONTACT** can address non-technical issues regarding the WCIS.

**RECEIVER'S VAN ELECTRONIC MAILBOXES:** This section specifies DWC's Value Added Network (VAN) mailboxes, which claims administrators can use to transmit EDI transactions to DWC. Separate mailbox information may be provided for receiving production versus test data.

**NETWORK:** The name of the VAN service on which the DWC's mailbox can be accessed.

**NETWORK MAILBOX ACCT ID:** The name of the DWC mailbox on the specified VAN.

**NETWORK: USER ID:** This is the identifier of the DWC's entity to the VAN.

**RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A FILE TRANSFER PROTOCOL (FTP):** If claims administrators are provided the option of sending EDI transmissions to WCIS using a File Transfer Protocol, DWC will provide the appropriate network IP (Internet Protocol) address here.

**RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT:** If claims administrators are provided the option of sending EDI transmissions to WCIS as internet e-mail attachments, the DWC e-mail address(es) to be used for such transmissions are provided here. Separate e-mail addresses may be provided for receiving production versus test data.

**RECEIVER'S FLAT FILE RECORD DELIMITER:** This character is to be used by claims administrators to indicate the end of each physical record when submitting flat file transactions formatted according to the IAIABC proprietary standards.

**RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:**

**SEGMENT TERMINATOR:** The character to be used as a segment terminator is specified here.

**DATA ELEMENT SEPARATOR:** The character to be used as a data element separator is specified here.

**SUB-ELEMENT SEPARATOR:** The character to be used as a sub-element separator is specified here.

**SENDER/RECEIVER QUALIFIER:** This will be the claims administrator's ANSI ID Code Qualifier as specified in an ISA segment. Separate Qualifiers are provided to exchange Production and Test data, if different identifiers are needed.

**SENDER/RECEIVER ID:** If the claims administrator can accept ANSI transmissions, this will be the ID Code that corresponds with the ANSI Sender/Receiver Qualifier (ANSI ID Code Qualifier) as specified in an ISA segment. Separate Sender/Receiver IDs are provided to exchange Production and Test data, if different identifiers are needed.